

IN PATIENT SUMMARY BILL

UHID : MH30615

IP No : IP2024000978

Patient name : Dr.PREM KUMAR K S

Age : 52 Y 2 M 20 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400992

Bill Date : 08/05/2024

DOA : 28/4/2024 12:15PM

DOD :

Entity Type : Insurance

Entity Name : STAR HEALTH AND ALLIED

TPA : STAR HEALTH AND ALLIED INSURANCE

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 2,700.00
6	GENERAL PROCEDURE	₹ 23,500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 9,216.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 9,500.00
11	OTHER ADDITION	₹ 726.00
12	PHARMACY CHARGE	₹ 21,987.00
13	PROFESSIONAL TEAM FEES	₹ 16,000.00
14	RADIOLOGY	₹ 16,200.00

Gross Amount	₹ 125,879.00
Sanction Amount	₹ 27,300.00
Discount Amount	₹ 20,000.00
Net Payable	₹ 105,879.00
Received Amount	₹ 0.00
Amount Payable	₹ 78,579.00

Received Amount in Words : Zero Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					

Medical Claim	Claim No	Sanction Amount
STAR HEALTH AND ALLIED INSURANCE	MDI8128788	27,300.00